

STATE OF WYOMING WOLFS-109b Vendor Changes*

The State of Wyoming must have a properly completed form before payment will be made.

PLEASE RETURN THIS FORM TO STATE AGENCY CONTACT INFORMATION FOUND IN BOX TO THE RIGHT

maintaining my information whenever this information changes.

SIGNATURE:

PRINTED NAME:

STATE AGENCY CONTACT INFORMATION

Agency #, Agency Name, Contact Name, Title, Address; Phone #

**If you have changed your EIN number or you have a new business name, please complete a new WOLFS109(a) vendor form.								
PART 1: Vendor Information								
	DOR NUMBER from the (State Agency fills this in)	VCUST2 Table:						
VENDOR NAME: (State Agency fills this in)								
Doing Business As (DBA), if applicable: (Vendor fills this in)								
Federal Employer Identification Number (FEIN):								
OR Enter TIN HERE (FEIN or SSN) Do Not Use Dashes								
Social Security Number (SSN): [The Find of SSN):— Do Not Use Dasnes (Vendor fills this in)								
Note: Federal Tax ID or SSN must be the correct number for the tax reporting name.								
Part 2: Vendor Changes								
PROVIDE ONLY NEW INFORMATION								
Changes to an existing vendor only – Check and complete only the applicable box(es):								
	INDIVIDUAL NAME CHANGE**:							
Note: Individuals changing a name (as in the case of marriage or divorce) must notify both Social Security and IRS prior to submitting this form to the State agency. Business name changes must be submitted on a WOLFS-109a Vendor form.								
	DBA NAME CHANGE:							
	ADDRESS CHANGE:	Address:						
		City:			Sta	ite:		Zip
	ESTABLISH A NEW DIRECT DEPOSIT AUTHORIZATION: I authorize electronic fund transfer (EFT) payment into my checking account by attaching either a copy of a voided check from my checking account or a certified letter from my financial institution, with the current information.							
	CHANGE MY CURRENT BANKING INFORMATION: A copy of either a voided check from my checking account with the current information, or a certified letter from my financial institution with the current information, is attached.							
	UPDATE SAVINGS ACCOUNT INFORMATION: A signed letter from my financial institution, has been attached, with the Account Type (i.e. checking or savings) identified, the ABA routing number, and account number provided.							
	DISCONTINUE DIRECT DEPOSIT AUTHORIZATION: I understand by choosing this option, I will receive my payments via check in the mail, at the address on the file.							
Part	3: Certification							
	certify that the above informat	tion is accurate as of t	he date se	et out by n	e on this	s form La	am resnonsih	ole for undating and

DATE: